

**ID - For Official Use Only**

ID - For Official Use Only							

Department of Environmental Protection

### B. Used Oil Recycling Activities


1. **Used Oil Recycling Marketer**  
☐ a. **Marketer Directs Shipment of Used Oil to Off-Specification Burner**  
☐ b. **Marketer Who First Claims the Used Oil Meets the Specifications**
2. **Used Oil Burner - Indicate Type(s) of Combustion Device**  
☐ a. **Utility Boiler**  
☐ b. **Industrial Boiler**  
☐ c. **Industrial Furnace**
3. **Used Oil Transporter - Indicate Type(s) of Combustion Device(s)**  
☐ a. **Transporter**  
☐ b. **Transfer Facility**
4. **Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)**  
☐ a. **Process**  
☐ b. **Re-refine**

**A. Characteristics of Nonlisted Hazardous Wastes.** (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

- B. Listed Hazardous Wastes.** (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

**C. Other Wastes.** (State or other wastes requiring a handler to have an I.D. number; See instructions.)

## X. Certification

Signature 	Name and Official Title (Type or print) Charles Pickens OPERATOR	Date Signed 7-8-58
--	--	-----------------------

ADDITIONAL WASTE CODES: D021, D022, D023, D024, D025, D026, D027, D028,  
D029, D030, D032, D033, D034, D035, D036, D037, D038, D039, D040, D041,  
D042, D043.  
(UPDATING WASTE CODE NUMBERS)

**Note:** Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

# Notification of Regulated Waste Activity

Date Received  
(For Official Use Only)

**A** United States Environmental Protection Agency

In the appropriate box

Subsequent Notification  
(Complete Item C)

C. Installation's EPA ID Number

X WV 0000291369

Utility and specific site name

UTILITY BOARD

## III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

Street (Continued)

City or Town

State

Zip Code

County Code

County Name

## IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

City or Town

State

Zip Code

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

(First)

Job Title

Phone Number (Area Code and Number)

## VI. Installation Contact Address (See Instructions)

A. Contact Address  
Location Mailing

B. Street or P.O. Box

City or Town

State

Zip Code

## VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

MORGAN TOWN UTILITY BOARD

Street, P.O. Box, or Route Number

FRONTIER ST

City or Town

State

Zip Code

MORGAN TOWN

WV

26505

Phone Number (Area Code and Number)

304-599-2111

B. Land Type

C. Owner Type

D. Change of Owner Indicator

Yes No

(Date Changed)  
Month Day Year



**DIVISION OF ENVIRONMENTAL PROTECTION**

CECIL H. UNDERWOOD  
GOVERNOR

1304 Goose Run Road  
Fairmont, WV 26554-1392

LAIDLEY ELI McCOY, Ph.D.  
DIRECTOR

February 14, 1997

Morgantown Utility Board  
Wastewater Treatment plant  
Frontier Street  
PO Box 852  
Morgantown, WV 26505

Attention: Greg Shellito

Dear Mr. Shellito:

Enclosed is a copy of the **Compliance Evaluation Inspection (CEI) Report** completed on your facility by a representative of the Chief from the Office of Waste Management. This report is based on the inspection conducted on January 31, 1997.

There were no areas of non-compliance with the appropriate Hazardous Waste Management Regulations documented during the inspection.

Thank you for your assistance and cooperation during this inspection. If you have any questions concerning the inspection or attached report, please feel free to contact this office at (304) 367-2724.

Sincerely,

A handwritten signature in cursive script, appearing to read "Stanley J. Moskal".

Stanley J. Moskal  
Environmental Inspector Supervisor  
Compliance Monitoring and Enforcement  
Office of Waste Management

SJM:st

Enclosure:

cc: Jeanne Sofield, U.S. EPA, Region III  
John C. Hando, Inspector  
RCRA File, ✓

**RECEIVED**

FEB 19 1997

DIVISION OF ENVIRONMENTAL PROTECTION  
OFFICE OF WASTE MANAGEMENT  
COMPLIANCE MONITORING & ENFORCEMENT

# EVALUATION - VIOLATION - ENFORCEMENT FORM

Handler ID Number

04/95 VERSION

Contact Name

RESERVED FOR  
EPA USE

Handler Name

Street

City

UNIVERSE CHANGE REQUIRED

YES

NO

I. Indicate the facility's current universe(s):

III. Indicate the new transporter status (Mark here only if the facility Requires a transporter status change):

II. Indicate the new RCRIS Generator Universe (Mark only one):

LQG [ ] CEG [ ] NON-HANDLER [ ]  
SQG [ ] CLOSED [ ]

NOTE: All TSD activity changes must be handled by the state data coordinator and cannot be made using this form

Transporter [ ]

Non-Transporter [ ]

If the transporter box is checked, you must check at least one of the boxes below:

Check this box if the facility is currently listed in RCRIS as a transporter and no longer transports hazardous waste.

Mark Mode of Transportation

[ ] Air [ ] Water  
[ ] Rail [ ] Other  
[ ] Highway

EVALUATION

Add

Change

Delete

Date

Number

Agency

Type

Reason

Branch

Person

013197

S

CEI

CM

WVJCH

AREAS OF EVALUATION (E - Evaluation NE - Not Evaluated NA - Not Applicable)

GGR		GSC		TWD		DGW		DOR		DWP		BRR		FEA	
GLB	E	GSQ	E	DCH		DLB		DPB		DIN		BPS		CSS	E
GMR		GEX	E	DCL		DLF		DPP		DIA		BIS			
GOR		TGR		DCP		DLT		DSI		DPS		BCE			
GPT		TME		DFR		DMC		DTR		DOP		BDT			
GRR		TOR		DGS		DMR		DTT		DMI		CAS			

Comments No violations

OUTSTANDING VIOLATIONS COVERED BY ABOVE EVALUATION

Agency	Number	Area	Not Determined	Agency	Number	Area	Not Determined

VIOLATION

ADD

CHANGE

DELETE

Link to above Evaluation? (Y/N)

Agency

Number

Area

Class

Regulation Type

Regulation Citation

Returned to Compliance

Date Determined

Priority

Branch

Person

Scheduled

Actual

Comments

☐ Required ☐ Required if pertinent ☐ Required only for previously reported data ☐ Not Required by EPA

## INSPECTION FACT SHEET

COMPANY NAME: Morgantown Utility Board  
Wastewater Treatment Plant

I.D.#: WVD000291369

MAILING ADDRESS: Frontier Street  
PO Box 852  
Morgantown, WV 26505

TYPE OF FACILITY: Conditionally  
Exempt Small Quantity Generator

LOCATION:

COUNTY: Monongalia

COMPANY CONTACT: Mr. Greg Shellito

HANDLING CODES: S01

PHONE: (304) 599-2111

PURPOSE: Compliance Evaluation Inspection

APPLICABLE REGULATIONS: West Virginia Hazardous Waste Management Act, Chapter 22-18;  
West Virginia Administrative Regulations for Chapter 22-18;  
and/or 40 CFR Parts 260 thru 279

LIST OF CHEMICALS:

(For Small Quantity Generators, list amount of waste, how it is handled, where it goes)

D006

D008

D018

\_\_\_ DETERMINATION PENDING

D027

D039

\_\_\_ NOT APPLICABLE

D040

\_\_\_ VIOLATIONS

X NO VIOLATIONS

DATE INSPECTED: January 31, 1997

INSPECTOR: (1) John C. Hando, West Virginia Division of Environmental Protection,  
Office of Waste Management, Fairmont District Office

(2) Minter Foster, West Virginia Division of Environmental Protection,  
Environmental Enforcement, Fairmont District Office

DATE PREPARED: February 4, 1997

PREPARED BY: John C. Hando, Office of Waste Management

## INSPECTION REPORT

RE: Morgantown Wastewater Treatment Plant (WVD0000291369)

DATE INSPECTED: January 31, 1997

INSPECTOR: John C. Hando, West Virginia Division of Environmental Protection,  
Office of Waste Management, Fairmont District Office

Minter Foster, West Virginia Division of Environmental Protection,  
Environmental Enforcement, Fairmont District Office

DATE PREPARED: February 4, 1997

PREPARED BY: John C. Hando, Office of Waste Management

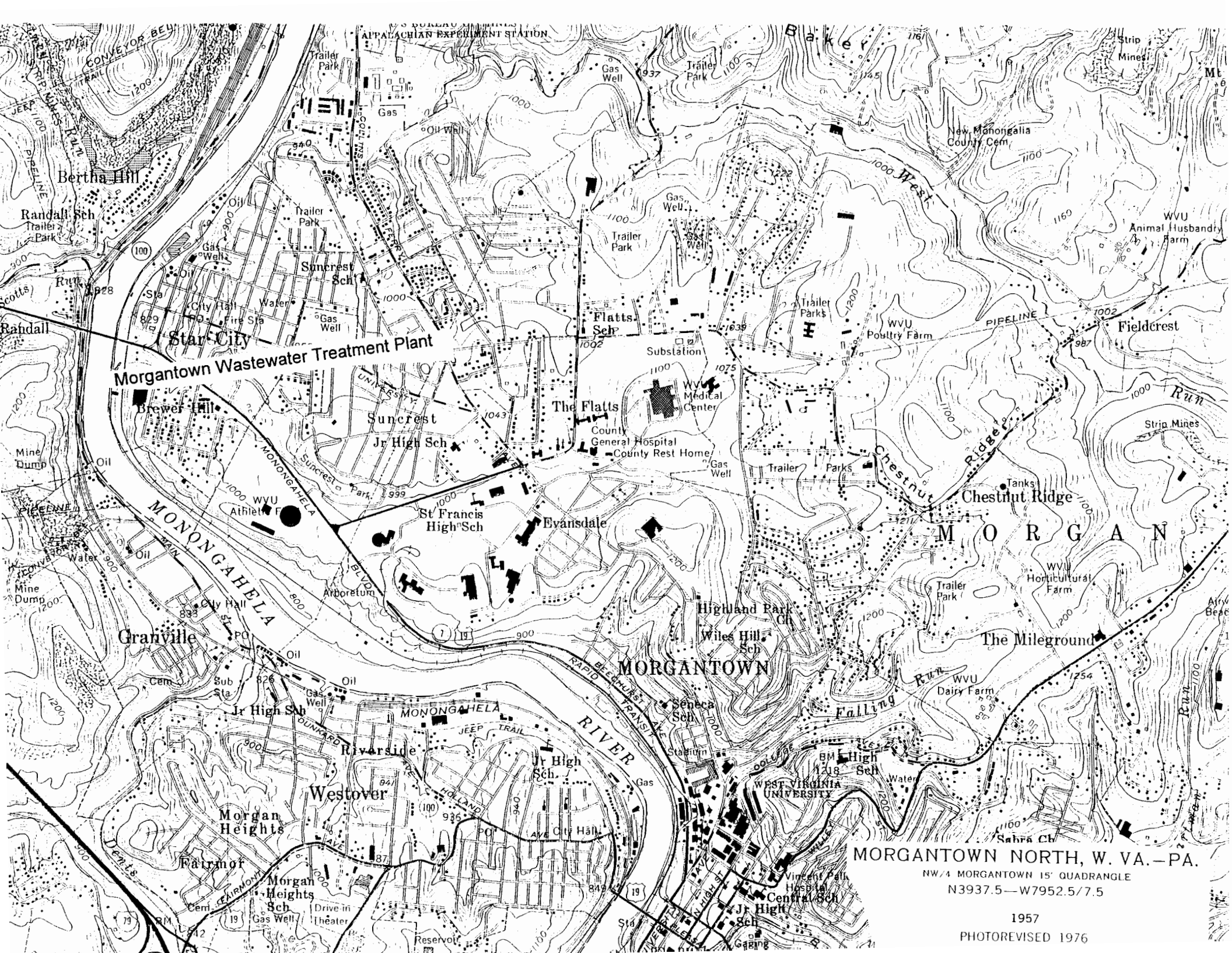
On January 31, 1997, the above referenced inspectors conducted a Compliance Evaluation Inspection at the Wastewater Treatment Plant in Morgantown, West Virginia. Upon our arrival we met with Mr. Greg Shellito, Plant Engineer/Superintendent and advised him of our intentions to inspect this facility.

Upon presentation of appropriate credentials the company official was informed of our authority as representatives of the Director of the Division of Environmental Protection pursuant to Chapter 22 of the Code of West Virginia and as specified by Section 3007(a) of the Resource Conservation and Recovery Act. He acknowledged our authority. The company official was informed that this inspection would emphasize the company's compliance with the Hazardous Waste Management Act (Chapter 22, Article 18), and the regulations promulgated thereunder.

This facility is a permitted wastewater treatment plant. The only hazardous waste generated is a small amount of waste naphtha from parts cleaning. This facility utilizes a three (3) gallon parts cleaning unit for parts washing. This unit is serviced every ninety (90) days by Safety-Kleen.

Following a facility inspection, we reviewed all paperwork pertinent to hazardous waste management. There were no violations of either State or Federal Hazardous Waste Regulations noted during this inspection.





MORGANTOWN NORTH, W. VA. - PA.

NW/4 MORGANTOWN 15' QUADRANGLE  
N3937.5 - W7952.5/7.5

1957  
PHOTOREVISED 1976



B

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



# Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received  
(For Official Use Only)

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification

B. Subsequent Notification  
(complete item C)

C. Installation's EPA ID Number

WV0000291369

## II. Name of Installation (Include company and specific site name)

MORGANTOWN waste water

## III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

END of FRONTIER ST. - (DEAD END)

Street (continued)

City or Town

State

ZIP Code

STAR CITY

WV 26505

County Code

County Name

061 MONONGALIA

## IV. Installation Mailing Address (See instructions)

Street or P.O. Box

PO BOX 852

City or Town

State

ZIP Code

MORGANTOWN

WV 26507-0852

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

(first)

SHELLITO

Greg

Job Title

Phone Number (area code and number)

PLANT ENGINEER

204-599-2111

## VI. Installation Contact Address (See instructions)

A. Contact Address

B. Street or P.O. Box

Location Mailing



FRONTIER STREET

City or Town

State

ZIP Code

STAR CITY

WV 26505

## VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

CITY OF MORGANTOWN

APR 26 1994

Street, P.O. Box, or Route Number

PO BOX 852

EPA, R3

City or Town

State

ZIP Code

MORGANTOWN

WV 26507-0852

Phone Number (area code and number)

B. Land Type

C. Owner Type

D. Change of Owner

(Date Changed)

304-599-2111

M

M

Yes

No

X

Month

Day

Year

ID - For Official Use Only											

**VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)**

A. Hazardous Waste Activity		B. Used Oil Fuel Activities	
<input type="checkbox"/> 1. Generator (See instructions) <input type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.) <input checked="" type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2,200 lbs.) <input checked="" type="checkbox"/> c. Less than 100 kg/mo (220 lbs.) <input type="checkbox"/> 2. Transporter (Indicate Mode in boxes 1-5 below) <input type="checkbox"/> a. For own waste only <input type="checkbox"/> b. For commercial purposes Mode of Transportation: <input type="checkbox"/> 1. Air <input type="checkbox"/> 2. Rail <input type="checkbox"/> 3. Highway <input type="checkbox"/> 4. Water <input type="checkbox"/> 5. Other specify: <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>	<input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions. <input type="checkbox"/> 4. Hazardous Waste Fuel <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketers <input type="checkbox"/> c. Burner - indicate device(s) Type of Combustion Device: <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 5. Underground Injection Control	<input type="checkbox"/> 1. Off-Specification Used Oil Fuel <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketer <input type="checkbox"/> c. Burner - indicate device(s) Type of Combustion Device: <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification	

**IX. Description of Regulated Wastes (Use additional sheets if necessary)**

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. EP Toxic (D000)	(List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D 0 1 8 D 0 3 9 <span style="border: 1px solid black; display: inline-block; width: 40px; height: 1.2em; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 40px; height: 1.2em; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 40px; height: 1.2em; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 40px; height: 1.2em; vertical-align: middle;"></span>

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)


1	2	3	4	5	6
<div style="border: 1px solid black; width: 40px; height: 1.2em;"></div>	<div style="border: 1px solid black; width: 40px; height: 1.2em;"></div>	<div style="border: 1px solid black; width: 40px; height: 1.2em;"></div>	<div style="border: 1px solid black; width: 40px; height: 1.2em;"></div>	<div style="border: 1px solid black; width: 40px; height: 1.2em;"></div>	<div style="border: 1px solid black; width: 40px; height: 1.2em;"></div>
7	8	9	10	11	12
<div style="border: 1px solid black; width: 40px; height: 1.2em;"></div>	<div style="border: 1px solid black; width: 40px; height: 1.2em;"></div>	<div style="border: 1px solid black; width: 40px; height: 1.2em;"></div>	<div style="border: 1px solid black; width: 40px; height: 1.2em;"></div>	<div style="border: 1px solid black; width: 40px; height: 1.2em;"></div>	<div style="border: 1px solid black; width: 40px; height: 1.2em;"></div>

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6
<div style="border: 1px solid black; width: 40px; height: 1.2em;"></div>	<div style="border: 1px solid black; width: 40px; height: 1.2em;"></div>	<div style="border: 1px solid black; width: 40px; height: 1.2em;"></div>	<div style="border: 1px solid black; width: 40px; height: 1.2em;"></div>	<div style="border: 1px solid black; width: 40px; height: 1.2em;"></div>	<div style="border: 1px solid black; width: 40px; height: 1.2em;"></div>

**X. Certification**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature 	Name and Official Title (type or print) General Manager	Date Signed 3/29/94
--	--	------------------------

**XI. Comments**

HST 5-23-94

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



**ACKNOWLEDGEMENT OF NOTIFICATION  
OF REGULATED WASTE ACTIVITY  
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

WV0000291369

INSTALLATION ADDRESS

MORGANTOWN WASTE WATER  
PO BOX 852  
MORGANTOWN, WV 265070852  
GREG SHELLITO PLT ENG  
END OF FRONTIER ST  
STAR CITY, WV 26505